

18
30

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51	
2	1						52	
3	1						53	
4	1						54	
5		14					55	
6		4					56	
7		4					57	
8		4					58	
9		4					59	
10	1						60	
11		1					61	
12		1					62	
13		1					63	
14	1						64	
15		14					65	
16		4					66	
17		4					67	
18		4					68	
19		4					69	
20		4					70	
21		4					71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	6						TOTAL IND.	
TOTAL DEP.	54						TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	